

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>AB</i> | 535 | 11-15-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
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| 24 | ✓ | ✓ | |
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| 27 | ✓ | ✓ | |
| 28 | ✓ | ✓ | |
| 29 | ✓ | ✓ | |
| 30 | ✓ | ✓ | |
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| 46 | ✓ | ✓ | |
| 47 | ✓ | ✓ | |
| 48 | ✓ | ✓ | |
| 49 | ✓ | ✓ | |
| 50 | ✓ | ✓ | |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

7/8 8/15